

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029103

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

179

Primary Registration District No.

4287

Registrar's No.

112

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)

Troy Hill Rest Home

Length of stay in 1b

2 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Sunset Hill Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lincoln

c. CITY OR TOWN Troy

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

615 Cap-au-Gris

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Riley

Turnbull

4. DATE OF DEATH

Month

Day

Year

July 19 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

July 19 1879

9. AGE (last birthday)

84

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10b. KIND OF BUSINESS OR INDUSTRY

Watchman

11. BIRTHPLACE (City and state or country)

Troy Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Morgan Turnbull

13b. MOTHER'S MAIDEN NAME

Matilda Elston

14. NAME OF HUSBAND OR WIFE

Jesse Turnbull

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Acute Myocardial Infarction
Infirmities of age

INTERVAL BETWEEN ONSET AND DEATH

none

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 3 1962 to July 19 1963 and last saw him alive on April 2 1963. Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. I. Kelley D.O.

22b. ADDRESS

Troy Mo.

22c. DATE SIGNED

July 10 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 21 1963

23c. NAME OF CEMETERY OR CREMATORY

Bray Cemetery

23d. LOCATION (City, town, or county)

Lincoln County Mo.

24. FUNERAL DIRECTOR

Wayne McCoy

ADDRESS

Troy Mo.

25. DATE RECD. BY LOCAL REG.

7-22-1963

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10570

20570

3

4 0

5 2

6

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9420.1

10

11

1286-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. W. Mc Coy

Licensed Embalmer No.

3586

P. O. Address

Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.